U S Department of Labor Office of Labor Management Standards Washington DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11 30 2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



## READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 973(9)	2 Fiscal Year Covered From	
	1 / 1 / 2004 Through 12 / 31 / 2004	
3 Name and address of person filing	4 Name file number and address of labor organization	
Name NICHOLAS HASCHKA	Name TEAMSTERS LOCAL UNION 407	
	Labor Organization File Number 011 109	
PO Box Bidg Room No If any 204	P O Box Building and Room Number if any 204	
Street 3701 BOSWORTH ROAD	Street 3701 BOSWORTH ROAD	
City CLEVELAND	City CLEVELAND	
State Oh10 ZIP Code + 4 44111	State Ohio ZIP Code + 4 44111	
5 Position in labor organization VICE PRESIDENT		
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)  A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent		
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest Transaction or Income	
Name		
Trade Name If any		
PO Box Bldg Room No If any	7 b Amount	
Street	7 D Zallowith	
City		
State ZIP Code + 4		
Signature		
15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned s knowledge and belief true correct and complete (See the section on penalties in the instructions)		
signed Micholas Mascella	On 8-12-05 216-68-08-3-5  Date Telephone Number	

Name of Person Filing NICHOLAS HASCHKA	File Number U	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8 Name and address of Business (including trade name if any)  Name FAULKNER MUSKOVITZ & PHILLIPS LLP  Trade Name if any  P O Box Bidg Room No if any NINTH FLOOR  Street 820 WEST SUPERIOR AVENUE  City CLEVELAND  State Ohio ZIP Code + 4 44113	9 Business deals with    X   a Labor Organization   b Trust   c Employer	
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing	
Name  Trade Name if any  P O Box Bidg Room No if any  Street  City  State  ZIP Code + 4	COUNSELORS OF LAW TO TEAMSTERS LOCAL INION 407  11 b Approximate dollar value of such dealing  12 a Nature of interest held or income received  RECEIVED CHRISTMAS GIFT OF PERISHABLE GOODS	
	12 b Amount \$55	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value		
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment	
Name		
Trade Name If any		
P O Box Bidg Room No If any Street City State ZIP Code + 4		
13 b Is the Business an Employer or Consultant?	14 b Amount of payment	